

EXHIBIT 5

Certificate of Insurance



CSR: PC

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/18/2016

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Carbone & Molloy Insurance 346 Maple Avenue Westbury, NY 11590 Carbone & Molloy		PHONE (A/C, No, Ext): 516-333-2340	COMPANY NAME AND ADDRESS Travelers Insurance Company Commercial Underwriting 3 Huntington Quadrangle Melville, NY 11747		NAIC NO: 36137
FAX (A/C, No): 516-333-9110	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: HH075	SUB CODE:		Policy Type Property		
AGENCY CUSTOMER ID #: PITTSF1			LOAN NUMBER		
NAMED INSURED AND ADDRESS Pittsfield Building LLC 55 East Washington St Chicago, IL 60602-4718			POLICY NUMBER KTCMB295T6701-15		
EFFECTIVE DATE 07/10/15			EXPIRATION DATE 07/10/16		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S) Pittsfield Residential #2 LLC			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☒ BUILDING OR ☐ Business Personal Property

LOCATION/DESCRIPTION 51-55 East Washington Chicago, IL 60602-4718	38 Story Multiple Tenant Building
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 73,810,000		DED: 100,000			
<input type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	Yes No N/A	If YES, LIMIT: 3,000,000 Actual Loss Sustained; # of months:		
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT: 100,000		DED: 100,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: 50,000,000		DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: 2,500,000		DED: 100,000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT: 2,500,000		DED: 100,000
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: 1,000,000		DED: 100,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: 2,000,000		DED: 100,000
WIND / HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> Certificate Holder	
NAME AND ADDRESS Pittsfield Hotel Holdings LLC		
		AUTHORIZED REPRESENTATIVE <i>Peter Carbone</i>

EXHIBIT

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Coverage For Floors 13 thru 21 [55 East Washington Development]
are EXCLUDED from Policy/Coverage